31	-A		
R.C.	351	7.1	0

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name	of Committee in Full								
	Maryellen O'Shaughnessy Committee	_							
Full Name of Contributor				Registration Number, if PAC					
	Nationwide								
Street	Address	Employe	r/Occup	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
	One Nationwide Plaza 1-27-10							Check	
City		Sta	ite	Zip Code	М	D	ΙΥ	Amount	
1	Columbus	01	Н	43215	1 0	3 0	0 7		500.00
Fid! N:	ame of Contributor			1	<u> </u>	_	mber, if F	PAC	
	United Health Care				"		'	_	
Stroot	Address							Form (Cash, Ch	eck etc)
Street		,						Check	.00., 0.0.,
Circ	9200 Worthington Rd	C+	ate	Zip Code	M	Ď	ΤΥ	Amount	
City	Calmakasa			43021	1				250.00
- 11 11	Columbus	0	Н	45021	1 0		mber, if F		230.00
Full Na	ame of Contributor				Registra	ation Nu	mber, ar F	AC	
	Savoy Properties							1	
Street	Address	Employe	er/Occuj	pation/Labor Organization*	Form (Cash, Check, etc.)				neck, etc.)
	515 E. Main Street Suite 500			_				Check	
City	···	Sta	ate	Zip Code	M	D	Y	Amount	
Į.	Columbus	0	Н	43215	1 1	0 6	0 7		500.00
Full N	ame of Contributor				Registration Number, if PAC				
	Columbus Apartment Association				OH146				
Stree	t Address	Employe	er/Occu	pation/Labor Organization*	•			Form (Cash, Ch	neck, etc.)
	1225 Dublin Road							Check	
Čity		Sta	ate	Zip Code	М	D	Y	Amount	
	Columbus	0	Н	43215	1 1 1	1 5	0 7	l	1,000.00
Full N	ame of Contributor						mber, if I	PAC	
	Wayne and Lori Garland								
Stroo	Street Address Employer/Occupation/Labor Organization*							Form (Cash, Ch	perk etc)
Stree		Employer/Occupation/Cabor Organization					Check		
	492 Windwillow Ct.			7% Code	Ìм	D	ΙΥ	Amount	
City	n 11	_ I _	ate	Zip Code		1			100.00
	Powell	0	Н	43065-8657	1 1	1 5		1	100.00
Full N	ame of Contributor				Registr	ation Nu	mber, if I	PAC	
Stree	t Address	Employer/Occupation/Labor Organization*					Form (Cash, Cl	heck, etc.)	
								<u></u>	
City		St	ate	Zip Code	М	D	Y	Amount	
Full N	ame of Contributor				Registr	ation Nu	ımber, if	PAC	
ĺ					1				
Stree	t Address	Employ	er/Occu	pation/Labor Organization*	Form (Cash, Check, etc.)				
1									
City	· · · · · · · · · · · · · · · · · · ·	St	ate	Zip Code	Тм	D	ΙΥ	Amount	
,,,			 		1 1	1 1	1 1		
Eudi N	lame of Contributor				Registr	ation Nu	ımber, if	PAC	
"" "	ane of contributor				""				
C+===	+ Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck etc \
Street Address En			employer/occupation/Labor Organization*					Contraction (Cash, C	
				Tip Code	1	K	T V	Amount	
City		51	ate 1	Zip Code	l M	D	1	Amount	
1			1			<u> </u>		1	

Page Total \$ 2,350.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]